

**Fill in this information to identify the case:**Debtor name CAPSTONE PEDIATRICS, PLLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEECase number (if known) 3:19-bk-1971☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

**2.1 CDS Business Services, Inc.**

Creditor's Name

**1981 Marcus Ave., Suite 130****Lake Success, NY 11042**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$1,442,983.55****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**2.2 Internal Revenue Service**

Creditor's Name

**PO Box 7346  
Philadelphia, PA  
19101-7346**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**5553**

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**\$5,230,918.20****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **CAPSTONE PEDIATRICS, PLLC**  
Name

Case number (if know) **3:19-bk-1971**

- ☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.
- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.3	<b>Newtek Small Business Finance</b>	Describe debtor's property that is subject to a lien	<b>\$2,569,235.78</b>	<b>\$0.00</b>
	Creditor's Name			
	<b>PO Box 297 Laurel, NY 11948</b>	Describe the lien		
	Creditor's mailing address	<b>SBA Small Business Loan</b>		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim?		
	<b>Date debt was incurred</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b>			
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$9,243,137.53**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity